## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	RM		10-15-01
O.I.P.E. CLASSIFIER			10 11-01-01
FORMALITY REVIEW	,		
RESPONSE FORMALITY REVIEW	TD	JC1125	11/16/01
		10-11-1	

## INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
<ul> <li>(Through numeral) Canceled</li> </ul>	A Appeal
÷ Restricted	O Objected

• >	— (Through numera	il) Canceled	A		
0 ~	÷	Hestricted	0	Objected	
Claim N. 86	Date	Claim	Date	Claim	Date
1462		<u> </u>			
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. 4000		54		104	
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		57		107	<del>- - - - -</del>
8 7		58		108	
90 120		59		109	
10 M V V	<del>                                     </del>	60		110	<del>-   -   -   -   -   -   -   -   -   -  </del>
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14 N N N		64		114	
15 M W W	<del>                                     </del>	66		115	<del>-                                    </del>
17 W W TU		67		117	
18 iV V W		68		118	
19 NN W	<del>                                     </del>	69		119	
20 N N N N		70 71	┝┼┼┼┼┼┼	120	<del>- - - -</del>
22 W P	++++	72		122	<del>                                     </del>
1 (23) NI NI NI		73		123	
24 N/W		74		124	
25 V W	<del>                                     </del>	75 76		125	<del>-                                     </del>
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41	<del>                                     </del>	90		140	
42	<del>                                     </del>	91 92	<del>-                                     </del>	141	╌╂╌╂╌╂╌╂╌╂
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44		94		144	
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47	<del>                                     </del>	96	<del>- - - - </del>	147	╼┼╾┼╌┼╾┼╌┼
48		98	<del></del>	148	<del>- - - - - - -</del>
49		99		149	
50		hod		150	

If more than 150 claims or 10 actions staple additional sheet here

Best Available Copy